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Bib Data Sheet

CONFIRMATION NO. 6481

|                             |                                   |              |                        |                                     |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>09/907,368 | FILING DATE<br>07/17/2001<br>RULE | CLASS<br>455 | GROUP ART UNIT<br>2681 | ATTORNEY<br>DOCKET NO.<br>1232-4741 |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None /SP

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2000-217488 07/18/2000 *SP*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/28/2001

|                                 |   |                              |                         |                       |                            |
|---------------------------------|---|------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>18 | TOTAL<br>CLAIMS<br>21 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                              |                         |                       |                            |
| Verified and<br>Acknowledged    | Examiner's Signature <i>SP</i>  | Initials <i>SP</i>           |                         |                       |                            |

## ADDRESS

27123

## TITLE

Wireless communication apparatus

|                               |   |  |
|-------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>888 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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